

DOCUMENT RESUME

ED 263 306

CE 042 562

AUTHOR Palmer, Mary Kay
TITLE Expressive Therapists in Long-Term Care Settings.
PUB DATE Nov 85
NOTE 20p.; Papers presented at the National Conference of the American Association for Adult and Continuing Education (Milwaukee, WI, November 6-10, 1985).
PUB TYPE Viewpoints (120) -- Speeches/Conference Papers (150)
EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Adult Education; Adult Programs; *Art Therapy; *Dance Therapy; *Motivation; *Music Therapy; Nursing Homes; *Older Adults; *Residential Care; Residential Institutions; Therapeutic Recreation; Therapists
IDENTIFIERS *Expressive Therapy

ABSTRACT

Expressive therapists (in art, music, and dance) possess the techniques necessary for working with older adults who need assistance in making productive use of their leisure time. Therapeutic expressive activities for long-term care residents promote creativity, self-expression, communication, and understanding of oneself. The purpose of the activities refers to the therapeutic process of the art making; the person and the process become the most important aspect in therapy. In long-term care settings, expressive therapy is important as a means for residents' self-expression, mental stimulation, and social interaction. Progressive activity departments offer a variety of activities to meet residents' needs based on diagnoses. Motivating each resident individually to attend activities is vital when a resident lacks desire to continue his/her emotional or educational growth. The expressive therapist needs to (1) learn about the resident's background and special interests; (2) create an atmosphere of warmth, concern, sociability, and interesting activities; (3) explain the program and encourage questions; and (4) respect each resident's dignity, choice, and individual characteristics. (Appendixes contain four sample lesson/session plans.) (YLB)

* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *

Mary Kay Palmer, A.T.R.

3075 Beverly Drive
New Berlin, WI 53451

U.S. DEPARTMENT OF EDUCATION
NATIONAL INSTITUTE OF EDUCATION
EDUCATIONAL RESOURCES INFORMATION
CENTER (ERIC)

✓ This document has been reproduced as
received from the person or organization
originating it.

□ Minor changes have been made to improve
reproduction quality.

• Points of view or opinions stated in this docu-
ment do not necessarily represent official NIE
position or policy.

"PERMISSION TO REPRODUCE THIS
MATERIAL HAS BEEN GRANTED BY

MK Palmer

TO THE EDUCATIONAL RESOURCES
INFORMATION CENTER (ERIC)."

Expressive Therapists In Long-Term Care Settings

Introduction

Older adults in America are an increasingly important and diverse target group for the nursing home industry, home health care, senior day care, and senior centers. In thirty years, assuming zero population growth in the United States, 50% of the population will be over 50 years old (Mc Danial, 1984.) The 1974 National Adult Performance Level Study found approximately 44% of adults over 65 years of age have eight or less years of education (Bureau of the Census, 1980; Northcutt, 1975.) According to Kastworm (1982) 62% of older adults had an interest in learning more about leisure time. Expressive therapist's (art, music, and dance) possess the techniques necessary for working with older adults who need assistance in making productive use of their leisure time.

Roles of Expressive Therapists

Therapeutic expressive activities for long-term care residents promote creativity, self-expression, communication, and understanding of one's self. The expressive therapist not only satisfies the residents' psychosocial, physical, and educational needs, but also helps the resident enjoy life (Weiss, 1984.) The official definition of

ED263306

CE042562

creative arts therapies or expressive therapies adopted by the art, dance, and music national associations reads as follows (1984): "The creative arts therapies are a form of therapy in which the process of art, dance, and music provide a method for assessment and therapeutic intervention. The common denominator of these therapies is the combined use of verbal and non-verbal communications. Rooted in both psychology and the arts, the creative arts therapies are committed to the psychotherapeutic use of creative arts to achieve emotional growth and a higher level of functioning." Therapeutic recreation is another profession that prepares practitioners to help long-term care individuals with leisure attitudes, values, and skills. Due to therapeutic recreation's broad discipline it has not been grouped with art, music, and dance therapy, however, therapeutic recreational professionals often enhance and balance the activity programming.

Nursing staff in long-term care settings work around the clock with the residents' and their families (significant others); and they are aware of the residents' psychosocial needs; however, they are primarily there to assist with their physical needs. Occupational therapy is a revenue producing department which works most always with residents' who have doctors' referrals. Occupational therapists have training in meeting the residents' psychosocial needs, however, they only work with a small number of residents and the funding for their services must be provided by the individual, federal funding (title 19), insurance, or medicare-one. Social workers in long-term care settings conduct psychosocial one-on-one contacts with the resident,

but for the most part make arrangements for financial, physical and family needs.

Federal and State law requires activity programming for every long-term care resident. These requirements vary from state to state. For example; Wisconsin administrative code HSS132 (1984) requires .46 hours of activity involvement or activity staff contacts per week, per resident and a staff ratio of approximately 1:80. In Wisconsin long-term care facilities are not required to hire professional activity therapists within their settings; therefore, to keep costs down and profits up, untrained, unexperienced personnel are often hired to "keep the residents busy." Whether or not the state requires activity personnel with specific education and experience, many of the progressive long-term care facilities are realizing that expressive activity therapists are meeting more of the residents' psychosocial, physical and educational needs as well as being an attraction to the facility for the residents.

The purpose of the activities offered is the most generally accepted distinction between education in the arts, and in the arts therapies. When the purpose is arts-education then artistic technique or quality is emphasized, however, in therapy the purpose refers to the therapeutic process of the art making. The person and process become the most important aspect in therapy (Dalley, T., 1984.) An overlap of approaches are many times seen in the expressive therapies. For example; learning new skills helps concentration, awareness of immediate surroundings, and co-ordination. The expressive therapist continually sets goals to meet the needs of long-

term care residents. Individual goals need to be clearly stated and achievement must be supervised to insure that the chosen activities meet each resident's needs (Hamill, Oliver, 1980).

Importance of Expressive Therapy

With the increase in longevity there is a correspondent increase in the number of geriatric residents' in long-term care settings; therefore, more qualified personnel will be required to provide mental and physical stimulation (Sheilds, and Kick, 1982). Besides facing isolation, prejudices and social insensitivity, long-term care residents experience natural mental and physical losses (U.S. Dept. of H.E.W., 1977). Osteo-arthritis, (arthritis mostly found in women), failing sight, and impairment of sense of smell are a few examples of common losses found in the elderly. Recall of recent events as well as personality changes can usually be expected with advancing age (Hooker S., 1981). The following statistics of the mental health care situation facing the nation's elderly indicate that effective actions need to be taken (U.S. Dept. of H.E.W., 1977):

1. Despite the fact that 50-75% of nursing home patients have symptoms of mental illness, it is the exception rather than the rule that mental health services are provided. (NIMH, 1974).
2. Senility in a severe form, affects more than one million older persons and reduces longevity by two-thirds after onset. An estimated additional two million older persons

may have mild to moderate forms of this devastating disease. The prevalence of the disorder increases with advancing age. (Roth, 1976).

3. With advancing age, mobility decreases dramatically as does the opportunity for social interaction. Approximately one out of five persons 65-plus reports a limitation in mobility. At age 75-plus the number increases markedly. (National Center for Health Statistics, 1977a).
4. Isolation also causes obvious problems. Approximately one out of seven men, and one out of three women age 65 and older lives alone; social isolation -- the lack of a viable family support system -- together with chronic illness (particularly severe brain disease with mental disorder) are the two most common factors leading to nursing home placement (Dunlop, 1976; Cohen, 1977). More than a million people over age 65 are in long-term care institutions, and the likelihood increases after age 65: five percent of persons 65-plus are in institutions; 10% of persons 75-plus are similarly placed; and 20% of persons 85-plus are institutionalized. (Bureau of the Census, 1973).

For many residents activity programs may be the only means within the institution for self-expression, mental stimulation, and social interaction. According to Erikson, a sense of integrity develops in persons who succeed in the final stage of the "eight stages of man" (Erikson, E., 1950). Maintaining the residents' dignity is always a

concern in programming the residents to become involved in activity therapy. Creative approaches carried out by expressive therapists can unlock the lives of long-term care residents and be the key for "putting life into the residents' years not just years into their lives."⁽¹⁾

The activity therapy department at Mount Carmel Health Care Center, Greenfield, Wisconsin, is a good model for meeting the residents' psychosocial needs by offering a wide range of activity programming. The activity therapy department at Mount Carmel is fortunate to have the Hillhaven Corporation (owner) and the facility administration support these programs for meeting the residents' psychosocial needs. They do this by nearly doubling the amount of activity personnel required by the state; also, over two thirds of this department consists of trained professionals: art, music, dance, recreation and remotivation therapists. These therapists primarily work with the unmotivated, uninvolved residents while the activity assistants conduct large activity groups. Progressive long-term care facilities are more and more recognizing the creative therapies as the discipline that enhances the residents' life.

Types of Residents

The long-term care resident, especially those who have suffered physiological impairment, often fear for their security and health, thus resulting in anxiety and depression. The developmental process of

(1) The motto for Mount Carmel Health Care Center

aging in many cases lead to sensory deprivation, and inactivity. Some common physical losses with normal aging that are usually gradual are vision, hearing, taste, dexterity, physical strength, mobility and balance, and reaction time slows. Other than physical losses, older adults have to cope with psychosocial losses, such as; death of spouse/family member, loss of independence, and reduction in income. Therefore, long-term care settings encompass a multitude of diagnostic techniques. Some conditions commonly diagnosed include: arterio-sclerosis (hardening of the arteries), arthritis, alzheimer's, blindness, cardiac failure, cerebral vascular accident (stroke), depression, fractured hip, multiple sclerosis, parkinson's disease, senile dementia, or terminally ill (Hooker, 1981). The expressive therapists should be familiar with the varying diagnoses and provide treatment on an individual basis according to the condition.

Types of Creative Activities

Progressive activity departments have a variety of types of activities to meet the residents' needs, based on diagnoses: psychosocial, physical, sensory and perceptual. Each type of activity offered, such as: entertainment groups (e.g., sing-a-long, movies....), educational classes (e.g., cooking, gardening and ethnic classes), social clubs, community groups, special events (e.g., Christmas Bazaar, Las Vegas Spree, Health Fair....), and religious services, makes its own unique therapeutic contribution. The expressive therapist primarily can be found conducting activities with small groups of residents that are

unmotivated to attend the regular scheduled events. The type of group this might be would depend on the therapists' specialty (art, music, or dance) as well as the nature of the residents' need. Each session is carefully planned by the therapist with individual residents' goals in mind. See appendices 1-4 for examples of lesson plans.

Motivating Residents

Developing trust and rapport with the resident is necessary to keep the older adult interested in continuing their emotional and educational growth. Many older adults may fear formal classroom instruction, however, they may be more apt to attend an activity that is well structured but which is not formal instruction. The therapists' personal contact, concern, and empathy have been cited as important attributes when working with the undereducated adult (Kastworm, 1982).

Motivating each resident individually to attend activities is vital. If a resident lacks desire to continue their emotional or educational growth. Learning as much about the residents background and special interests should be one of the first steps the expressive therapist takes. Secondly, the therapist should create an atmosphere of warmth, concern, sociability and interesting activities. Next, explaining the program and encouraging questions should be introduced. Respecting each resident's dignity, choice and individual characteristics should always be considered. Expressive therapists act as catalysts and need to continually motivate residents to get involved in leisure programming. (Hamill, Oliver, 1980).

Conclusion

Establishing professional status in long-term care settings has been and probably will continue to be a problem for expressive therapists. Many times other departments view expressive therapy as the "fun and game department." It is important that the therapists identify the purposes of their practices to other departments. Regularly scheduled inservices on expressive therapy and well documented progress of residents help identify the contributions of activity therapy and differentiate its functions from those of other closely related professions.

Through individual National Associations, expressive therapists have been increasing their educational requirements for "registry" as well as establishing a proficient code of ethics. It is hoped that the National registry requirements will eventually lead to more governmental licenses to practice for reimbursement. Several states have begun to allow activity therapists to collect reimbursement for their services. In some states long-term care settings that are medicare certified will allow art and music therapists to collect from insurances. For the most part expressive therapists in long-term care settings are not revenue producing and are generally paid less than other revenue producing therapies (physical, occupational, and speech) (Feder, E. and B. 1981).

The number of expressive therapists in long-term care settings is increasing, however, these therapists need to continually demonstrate the effectiveness of therapy to other professional disciplines. Through

an increased amount of self-expression, mental stimulation and/or social interaction the residents lives are enhanced and a sense of belonging is developed.

References

- Dalley, T., (1984). Art as Therapy.
New York: Tavistock Publications.
- Erikson, E., (1950). Childhood and Society.
New York: W. W. Norton and Co., Inc.
- Feder E. and B., (1981). The Expressive Arts Therapies.
New Jersey: Prentice-Hall, Inc.
- Hamill, C., Oliver, R., (1980). Therapeutic Activities for the Handicapped Elderly.
Maryland: Aspen Systems Corporation.
- Hooker, S., (1981). Caring for Elderly People: Understanding and Practical Help.
London: Routledge and Kegan Paul.
- Kastworm, C., (1982 Winter). Older Learners in Adult Basic Education, Adult Literacy and Basic Education.
- Mc Danial, T., (1984). Educating the Aging: Problems and Prospects.
Lifelong Learning, Vol. 7, No. 4.
- Sheilds, E. M. Dick, E., (1982). Nursing Care in Nursing Homes.
Nursing in the 1980s: Crises, Opportunities Challenges: Edited by
Linda Aiken, J. B. Lippencott Comp., Chapter 11, p.p. 195-209.
- U. S. Department of Health, Education, and Welfare.
The Reports of. The President's Commission on Mental Health:
Task Panel on the Elderly and the Secretary's Committee on the Mental
Health and Illness of the Elderly. September, 1977 - p.p. 33-41.
- Weiss, J., (1984). Expressive Therapy with Elders and the Disabled:
Teaching the Heart of Life.
New York: Haworth Press, Inc.
- Wisconsin Administrative Code HSS132
Department of Health and Social Services, Division of Health,
Madison, Wisconsin, 1984, p. 49.

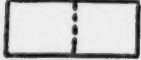
Treatment Plan

Title: "Blots of Fun"

Materials needed:

Various colors of thickened tempera paint, large sheets of white paper (approximately 18" x 24"), pre-cut frames to fit the size of the paper used, magic markers, masking tape, and table coverings.

Instructions:

1. Fold the piece of paper in half, () and open it back up.
2. Using only one side of the paper, blot paint near the folded crease and the center of the one side. 
3. Carefully fold the dry side of the paper over the painted side and burnish (rub) with either a ruler or with your fingers. You should be able to see through the paper enough to follow the paint through various trails. If too much paint is placed on the paper, paint will be forced out the edges.
4. After all the paint has been rubbed flat, carefully have the resident open the piece of paper.
5. As a group, while paint is drying, discuss what images are seen by each person, and then have each artist title their painting.
6. Matt painting, sign, write in title, and hang in building for recognition.

Goals:

This technique is good to use for new art therapy residents. It is easy, self-gratifying, allows freedom of choice, and opens up the imagination.

Other goals include:

- Social interaction
- Hand-eye co-ordination
- Increase self-esteem
- Ability to follow directions
- Gross motor skills
- Cognitive insights can be gained by observing if the resident can follow directions
- Decision-making-choosing colors and what they see in painting

Treatment Plan

Title: Bread Sculpture Dough

Materials needed: Expendable

- 1 package of active dry yeast
- 2 cups of warm water
- 3 tablespoons of honey or sugar
- 1/4 cup of oil
- 2 teaspoons of salt
- 7 cups of flour
- nuts, raisins, and candy decorations
- 1 egg and some aluminum foil

Permanent

- butter knives one per each
- cookie trays individual
- basting brush

Instructions:

Note: The therapists can make this while the residents watch or if able let the residents mix ingredients together. Some of the more capable can even do the measuring if a demonstration is give before to show the measuring tools and how to use them.

1. Dissolve the sugar in warm water. Dissolve the yeast in the warm sugar-water mixture for approximately five minutes.
2. Add the salt, oil, and flour a little at a time stirring with a spoon, until the dough can be worked (if the consistency is to sticky, add more flour).
3. Knead the dough until it is workable (the residents can do this if the dough is divided into individual galls of the same size). After kneading their dough they can begin to sculpt forms.
4. Cut out shapes or build forms with patties, coils, and balls. An idea would be to have the residents make a portrait of themselves (just the face or the whole body).

Note: Build the forms on aluminum foil on a large cookie tray. It is important to build the sculpture horizontally, not vertically.

5. Nuts, raisins, and candy can be added to the sculpture (eyes, nose, hair, mouth, etc).
6. Let the dough rise for 10 to 20 minutes.

7. Join the parts after the dough has risen (arm to the shoulder) with a small amount of water moistened to both parts of the sculpture to be joined.
8. Beat egg with fork and brush egg white on the surface. It will give the sculpture a shine.
9. Bake at a temperature of 350 degrees F. for 20 to 30 minutes or until the dough is lightly brown.

Note: After baking it can be frozen for a later time or eaten within 4 or 5 days (wrap in foil).

Time:

One hour to prepare dough and make sculpture, 20 to 30 minutes to bake (can be done by the therapists at home if the institution does not have an oven, and brought back) and 10 minutes to EAT! Frozen bread dough can be used to cut down on time, however, the process of baking the bread from scratch brings back many memories for geriatric residents.

Purpose:

1. The perception of parts-to-whole relationships are increased when the resident attaches separate shapes of dough to form a meaningful finished art product (attaching eyes, arms, legs, etc. to get a facial or body sculpture).
2. Size discrimination is increased as the resident recognizes the relative sizes and proportions of the facial features and body features and how they relate to each other and how they also relate to the finished product.
3. Eye-hand coordination is obtained/increased when the resident folds and forms the dough as well as in measuring the ingredients.
4. Tactile-awareness is increased while manipulating the dough (mixing as well if done with hands) and holding the baked (hard) piece.
5. Kinesthetic awareness increased as the resident rolls, pounds, squeezes the dough.
6. Fine-motor skills (pincer grasp) is used when placing sculpture together and adding the nuts, raisins and candy. Grasp and release skills are incorporated when holding mixing tools, measuring cups and basting brush.
7. Laterality is increased as the resident assembles the figures

and face features.

8. Bilaterality is increased as he/she kneads the dough, rolls it out, mixes the ingredients (holds bowl with subdominant hand while the dominant hands stirs) and places the pieces together. Both sides of his body are required to do these.
9. Form discrimination is increased as the resident uses circles, rectangles, ovals to form facial features and the body.
10. Insight is gained by the therapists and resident on the resident's self concept and image.
11. The dough is like clay and evokes release of feelings.
12. Verbalization is increased while forming the dough, and can be increased by the therapist if she tells them to express how it feels (dough) and how the finished product means to them.
13. Allowing them to either keep or eat their sculpture puts an end to the product that give each resident a totally completed feeling.

Treatment Plan

Title: "Memories were ment to be shared."

Materials needed:

A box or crate with a variety of nostalgic items, for example; old sports items, childrens items, old pictures, musical items, scraps of materials.... old photo clipping....

Instructions:

1. Group leader will ask each participant to select one item from the box which enables them to recall an event or feeling in their life. (If two people want to share an item it is fine, however, encourage each person to have their own).
2. The group leader should ask each participant to shut their eyes and feel the item.
3. As the participants are thinking, the group leader should speak to the group with a calm, soothing voice and ask or say:
 - a. Think back to that event and try and recall what you felt. (Pause approximately thirty seconds).
 - b. Try and visualize other items or people that were around at that time. (Pause approximately thirty seconds).
 - c. How old were you? (Pause approximately one minute).
 - d. When you are ready open your eyes and re-examine your item.
4. After everyone has opened their eyes, the group leader should ask if someone would like to begin the discussion with how they felt.
5. Take approximately fifteen minutes and divide the time into the number of participants, so each have enough time to discuss.
6. If needed the group leader should ask the participants questions regarding their feelings, recall, age....
7. The group leader should end by thanking everyone for sharing.

Goals:

Evokes the participants thinking and remembering process.
Social interaction.
Choice making.
Sensory awareness.
Evokes expression.
Sharing feelings with others.
Increase attention span.

Treatment Plan

Title: Create a movement

Materials needed:

A hat or any container.

Pieces of paper with creative movement ideas listed on each, for example; cocoon to butterfly transformation, person with a kite, fishing (baiting the hook, fishing, and catching the fish)....

Instructions:

1. Group leader should ask all participants to sit in a circle.
2. Group leader should ask the participants to take a few minutes to warm up by asking in a calm, soothing voice:

Put your hands on your stomach. Take a deep breath and feel the expanding pressure on your hands. Now let the breath out slowly with a shhh sound. See how long you can make the exhale.
3. Next the group leader will ask each participant to respond to feeling words. The participants should be asked to express their emotion quickly without going very deeply into the feeling.
4. Group leader will ask:
 - a. How would you be if: bored. (Pause five to eight seconds).
 - b. How would you be if: sad. (Pause five to eight seconds).
 - c. How would you be if: excited. (Pause five to eight seconds).
 - d. How would you be if: proud. (Pause five to eight seconds).
5. With the remaining time the group leader should ask a participant to pick a creative movement idea out of the hat. Through their body movements and expressions they should go to the middle of the circle and try and have the group guess what they are (using no sounds). Encourage movements that are more of a mime rather than charades.

BEST COPY AVAILABLE

6. The person guessing the mime should then pick the next creative movement.
7. Allow fifteen to twenty minutes for instruction, one through six, and save approximately ten to fifteen minutes for discussion of how participants felt.

Goals:

Evokes expression.
Sharing feelings with peers.
Arouse stimulation.
Social interaction.
Gross motor skills.
Experimenting - trying different things.
Self insight.